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CONFIRMATION NO. 2636

<b>SERIAL NUMBER</b> 10/694,634	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 4303-032029
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/421,338 10/25/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 02/04/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 92	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Veronica M. [Signature]</i> Initials: <i>1.P</i>				

**ADDRESS**

28289

**TITLE**

Methods and compounds for disruption of CD40R/CD40L signaling in the treatment of alzheimer's disease

<b>FILING FEE RECEIVED</b> 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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